

PTO/SB/97 (12-97)

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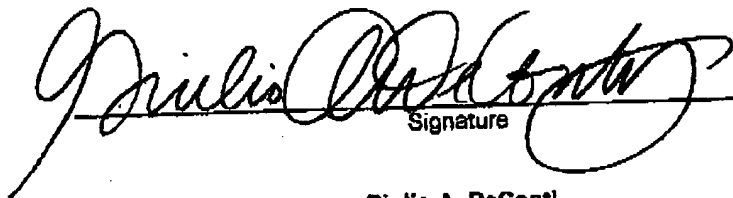
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Amendment Transmittal (1 page);
Amendment After Final (4 pages);
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);
Certificate of Transmission under 37 CFR 1.8 (1 page);
Fee Transmittal; and
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FAX TRANSMISSION

DATE: November 19, 2003

PTO IDENTIFIER: Application Number 10/034981-Conf. #1118
Patent Number

Inventor: Keith R. Edwards

MESSAGE TO: B. Fubara

FAX NUMBER: (703) 872-9307

FROM: LAHIVE & COCKFIELD, LLP
Giulio A. DeConti, Esq.

PHONE: (617) 227-7400

Attorney Dkt. #: NRI-001CN

PAGES (Including Cover Sheet): 9

CONTENTS:

Amendment Transmittal (1 page);
Amendment After Final (4 pages)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);
Certificate of Transmission under 37 CFR 1.8 (1 page);
Fee Transmittal; and
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LAHIVE & COCKFIELD, LLP
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Telephone: (617) 227-7400 Facsimile: (617) 742-4214

PTO/SB/17 (10-02)
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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☒ Applicant claims small entity status See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)		475.00	
METHOD OF PAYMENT (check all that apply)		Complete if Known	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Deposit Account			
Deposit Account Number		12-0080	
Deposit Account Name		Lahive & Cockfield, LLP	
The Commissioner is hereby authorized to: (check all that apply)			
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<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION

1. BASIC FILING FEE

Large Entry	Small Entry	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	2001	750	375	Utility filing fee	
1002	2002	330	165	Design filing fee	
1003	2003	520	260	Plant filing fee	
1004	2004	750	375	Reissue filing fee	
1005	2005	160	80	Provisional filing fee	
SUBTOTAL (1) (\$)					0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Large Entry	Small Entry	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	2202	18	9	Claims in excess of 20	
1201	2201	84	42	Independent claims in excess of 3	
1203	2203	280	140	Multiple dependent claims, if not paid	
1204	2204	84	42	Reissue independent claims over original patent	
1206	2206	18	9	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)					0.00

3. ADDITIONAL FEES

Large Entry	Small Entry	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	2051	130	65	Surcharge - late filing fee or oath	
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet	
1053	2053	130	65	Non-English specification	
1812	2812	2,520	1,260	For filing a request for ex parte reexamination	
1804	2804	920	460	Requesting publication of SIR prior to Examiner action	
1805	2805	1,840	920	Requesting publication of SIR after Examiner action	
1251	2251	110	55	Extension for reply within first month	
1252	2252	410	205	Extension for reply within second month	
1253	2253	930	465	Extension for reply within third month	
1254	2254	1,450	725	Extension for reply within fourth month	
1255	2255	1,970	985	Extension for reply within fifth month	
1401	2401	320	160	Notice of Appeal	
1402	2402	320	160	Filing a brief in support of an appeal	
1403	2403	280	140	Request for oral hearing	
1451	2451	1,510	755	Petition to institute a public use proceeding	
1452	2452	110	55	Petition to revive - unavoidable	
1453	2453	1,300	650	Petition to revive - unintentional	
1501	2501	1,300	650	Utility issue fee (or reissue)	
1502	2502	470	235	Design issue fee	
1503	2503	630	315	Plant issue fee	
1460	2460	130	65	Penalties to the Commissioner	
1807	2807	50	25	Processing fee under 37 CFR 1.17(g)	
1806	2806	180	90	Submission of information Disclosure Sheet	
8021	2021	40	20	Recording each patent assignment per property (times number of properties)	
1809	2809	750	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	2810	750	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	2801	750	375	Request for Continued Examination (RCE)	
1802	2802	900	450	Request for expedited examination of a design application	
Other fee (specify)					
SUBTOTAL (3) (\$)					475.00

* Reduced by Basic Filing Fee Paid

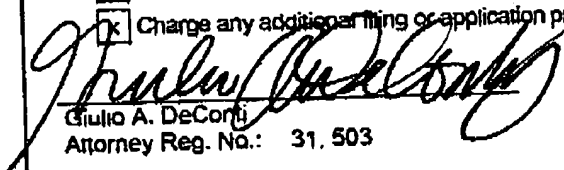
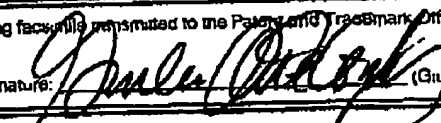
or number previously paid, if greater. For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Guido A. DeConti	Registration No. (Attorney/Agent)	31,503
Signature		Telephone	(617) 227-7400
		Date	November 19, 2003

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9307, on the date shown below

Dated: November 19, 2003

Signature: (Guido A. DeConti)

AMENDMENT TRANSMITTAL LETTER				Docket No. NRI-001CN	
Application No. 10/034981-Conf. #1118	Filing Date December 27, 2001	Examiner B. Fubara	Art Unit 1615		
Applicant(s): Keith R. Edwards					
Invention: INTRAVENOUS VALPROATE FOR ACUTE TREATMENT OF MIGRAINE HEADACHE					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	14	- 20 =	0	x	0.00
Independent Claims	1	- 3 =	0	x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					475.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					475.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>475.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
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<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Giulio A. DeCorti Attorney Reg. No.: 31,503 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					Dated: <u>November 19, 2003</u>
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9307, on the date shown below. Dated, November 19, 2003 Signature:  (Giulio A. DeCorti) 					

PTO/SB/21 (08-03)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/034981-Conf. #1118
		Filing Date	December 27, 2001
		First Named Inventor	Keith R. Edwards
		Art Unit	1615
		Examiner Name	B. Fubara
Total Number of Pages in This Submission	4	Attorney Docket Number	NR1-001CN

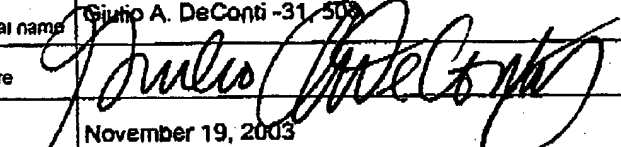
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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	LAHIVE & COCKFIELD, LLP Giulio A. DeConti -31, 509
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Date	November 19, 2003

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